

| DEFENSE INFORMATION REPORT EVALUATION | | | | INSTRUCTIONS: To be completed by Typewriter or Ball Point Pen | | | |
|---|---|---|---|--|--|--|--|
| CUSTOMER NUMBER C843 | IR NUMBER 6 889 714 71 | COLLECTION PROJECT NUMBER | IR DATE YEAR MONTH DAY 7 4 8 8 2 0 | | | | |
| TO: --/DC4A1 | NR NUMBER/OTHER REFERENCE DIRM 483g | SOURCE NUMBER | DATE REC'D BY DISSEMINATION ACTIVITY YEAR MONTH DAY 7 4 8 8 2 0 | | | | |
| THRU: | DI ESEEN 379 | TARGET COUNTRY (IES) SP | DATE RECEIVED BY EVALUATOR YEAR MONTH DAY 7 4 8 8 2 0 | | | | |
| REASON FOR EVALUATION | | 3. <input type="checkbox"/> SELECTED BY COL MGR | | IR ORIGINATOR USDAO Madrid Spain | | | |
| 1. <input type="checkbox"/> ICR | | 4. <input type="checkbox"/> SPECIAL REQUEST | | | | | |
| 2. <input type="checkbox"/> COLLECTOR'S REQUEST | | 5. <input type="checkbox"/> ANALYST INITIATIVE | | | | | |
| A. IR RESPONDED TO | | B. RELIABILITY OF INFORMATION | | C. VALUE OF INFORMATION | | | |
| 1. <input type="checkbox"/> DIRM Part Three <input type="checkbox"/> CIR 2. <input type="checkbox"/> ICR - If checked, ICR was satisfied <input type="checkbox"/> Completely <input type="checkbox"/> Partially (If so, please describe in Remarks Section) <input type="checkbox"/> Not at all 3. <input type="checkbox"/> Other DIRM Part 41g | | 1. <input type="checkbox"/> Confirmed by other sources 2. <input type="checkbox"/> Substantially true 3. <input type="checkbox"/> Cannot be judged 4. <input type="checkbox"/> Doubtful 5. <input type="checkbox"/> False | | 1. <input checked="" type="checkbox"/> High (Unique, Timely, and of Major Significance) 2. <input type="checkbox"/> Moderate (Contributory and Useful) 3. <input type="checkbox"/> Low (Marginal) 4. <input type="checkbox"/> None (Of no use) 5. <input type="checkbox"/> Cannot be judged (Analyst has no basis for value judgement) | | | |
| D. USABILITY OF INFORMATION | | E. USABILITY OF INFORMATION | | F. USABILITY OF INFORMATION | | | |
| 1. <input type="checkbox"/> Used or planned for use in product a. <input type="checkbox"/> Basic Intelligence b. <input type="checkbox"/> Current Intelligence c. <input type="checkbox"/> Estimative Intelligence d. <input type="checkbox"/> Other | | 2. <input type="checkbox"/> Incorporated in Data Base a. <input type="checkbox"/> Potentially Useful b. <input type="checkbox"/> Background/Confirmatory 3. <input type="checkbox"/> Stimulus for Intelligence Guidance or Requirement | | 4. <input type="checkbox"/> Not used (All responses require explanation in Remarks Section) a. <input type="checkbox"/> Unreliable b. <input type="checkbox"/> Too Fragmentary c. <input type="checkbox"/> Duplication d. <input type="checkbox"/> Not Pertinent to Needs | | | |
| NAME OF PRODUCT: --43 (Number and Classify each Paragraph) | | | | | | | |
| <p>UFO activity has sometimes been registered as a manifestation of this phenomenon. Your comments concerning the team of ESP specialists is especially appreciated. Possible, a follow-up would be useful to this Agency.</p> <p>2. MIIA encourages reporting on UFO sightings, but has refrained from military official DIA collection requirements as this may open the proverbial Pandora's box.</p> <p>3. MIIA appreciates your interest and open-minded approach.</p> | | | | | | | |
| EVALUATOR'S RELEASE and DISCLOSURE GUIDANCE | | | | | | | |
| 1. <input type="checkbox"/> Paragraph(s) _____ above are releasable in the government of _____ <input type="checkbox"/> Evaluation is Not Releasable | | | | | | | |
| 2. <input type="checkbox"/> Releasable Evaluation Not Requested | | | | | | | |
| EVALUATOR'S ORGANIZATION MIIA | NAME OF EVALUATOR JOHN D. LA MURE, CPT, MAC Deputy Director | | SIGNATURE AND DECLASSIFICATION INSTRUCTIONS | | | | |
| DATE EVALUATED | SIGNATURE OF APPROVING | | | | | | |